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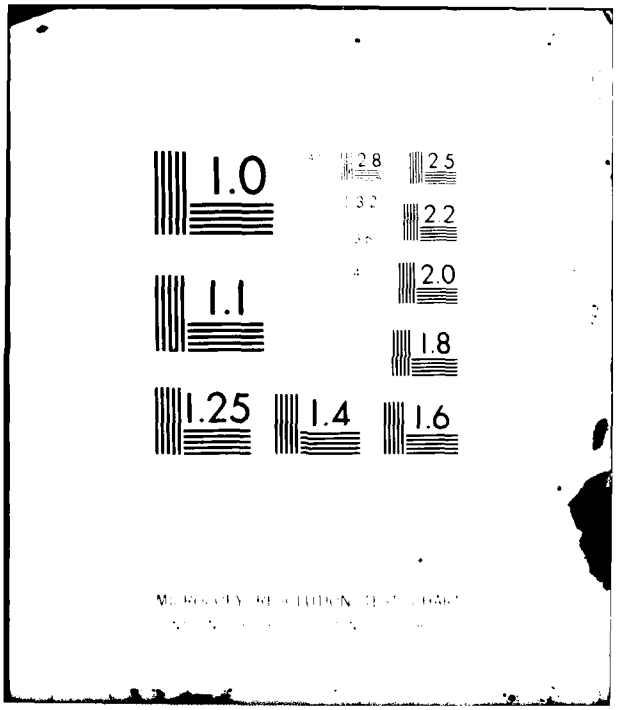
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UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

(14) GAO/HRD-81-131

HUMAN RESOURCES DIVISION

July 31, 1981

B-164031

The Honorable Gordon J. Humphrey
Chairman, Subcommittee on Alcohol
and Drug Abuse
Committee on Labor and Human Resources
United States Senate

Dear Mr. Chairman:

Subject: (6) The National Institute on Alcohol Abuse and Alcoholism Should Make Greater Efforts to Support Treatment Demonstration Projects, ~~(HRD-81-131)~~

We have reviewed selected activities of the Department of Health and Human Services' (HHS') National Institute on Alcohol Abuse and Alcoholism (NIAAA) pertaining to the treatment and rehabilitation of alcohol abusers and alcoholics. Our review was undertaken to assess the management and effectiveness of NIAAA's directly funded treatment grant program. We are sending this report to you because our observations pertaining to HHS' involvement in treatment demonstration projects are relevant to S.755, which you introduced on March 23, 1981, to reauthorize NIAAA and refocus its activities on technical assistance, research, and demonstration efforts.

Generally, HHS' programs aimed at treating alcohol abuse and alcoholism have evolved since the late 1960s from an effort primarily aimed at training alcoholism workers and demonstrating how effective services can be delivered into one primarily aimed at supporting direct treatment services. NIAAA has initiated limited efforts to fund projects specifically designed to demonstrate and evaluate alcohol abuse and alcoholism treatment techniques. NIAAA also classifies about 26 percent of its treatment projects as demonstration grants. However, the manner in which our sample of six of these treatment grant applications were reviewed and evaluated, as well as the manner in which the projects were carried out, suggests that their primary emphasis was providing direct treatment services.

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During the 1970s NIAAA invested substantially in projects to enhance broader alternative funding sources for alcoholism treatment. These efforts have contributed to (1) the growth in treatment funds available from State and local governments and third-party payers and (2) a reduction in NIAAA's portion of the total funds spent on alcohol abuse and alcoholism treatment. However, many of NIAAA's directly supported projects are dependent on NIAAA as a major funding source and the loss of these funds as envisioned by the refocusing of effort called for by S. 755 could have a significant effect on these projects.

SCOPE AND METHODOLOGY

Our review was conducted at NIAAA headquarters in Rockville, Maryland, and at 15 NIAAA grantee locations. At NIAAA we examined official policy and procedural manuals, internal and external correspondence, and other documents and files related to the administration of the project grant and contract program. We discussed major issues with NIAAA management officials and other alcoholism experts. We also discussed specific administrative procedures and processes with NIAAA staff members responsible for implementing them. At the 15 NIAAA grantee locations, we discussed project activities with all levels of the project staffs, including treatment counselors and data coordinators. We reviewed all pertinent project records, including financial reports, program evaluation reports, and individual client records.

In selecting the 15 projects in our review, we attempted to include programs of varying size based on the amount of the Federal grant and programs from as many different NIAAA special population categories as possible. We restricted our selection to projects which had been operating for at least 2 years to insure that they had had sufficient time to make their programs operational. Additionally, our sample selection was restricted to the geographic areas surrounding Washington, D.C., and our regional offices in Boston, Massachusetts; Kansas City, Kansas; and Seattle, Washington. We believe we reviewed a broad cross-section of NIAAA's grantee population. However, our findings and observations at these locations are not being projected to the entire grantee population. Work performed at NIAAA headquarters involved overall management processes and was not related to any specific projects. We believe, therefore, that our findings and observations on such activities can be considered typical of NIAAA operations.

We discussed a draft of this report with NIAAA officials, and their comments have been incorporated where appropriate.

BACKGROUND

In 1970, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act (Public Law 91-616) established NIAAA as the primary Federal agency responsible for the Federal involvement in combating alcohol abuse and alcoholism. NIAAA's mission (stated in terms of a mandate to the Secretary of HHS) is to:

> "* * * develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics."

NIAAA's efforts are directed toward a national health problem which affects an estimated 10 million adults. The economic costs of this problem have increased substantially. In 1974, HHS reported that the cost to society was about $25 billion in 1971. In a 1978 report, this cost was reported at almost $43 billion for 1975. The major components of these cost estimates are lost production costs and health and medical costs. Other components include motor vehicle and other accidents, violent crimes, and social services.

The major Federal response to alleviating this health problem has been through NIAAA's formula grant and project grant and contract programs. The formula grant program provides funds to the States to stimulate and encourage the establishment of alcohol abuse programs and to provide assistance for programs based on a particular State's needs. The project grant and contract program provides financial assistance for local community programs designed to meet the needs of special target populations. It also enables NIAAA to fund demonstration and evaluation projects leading to improvements in alcohol abuse prevention and treatment methods.

Expenditures for these programs from 1972 to 1980 are shown in the following table.

Fiscal year	Expenditures: Formula grants	Expenditures: Project grants and contracts
	(millions)	
1972	$30	$39.1
1973	30	38.6
1974	a/75.6	a/90.3
1975	52	a/82.5
1976	55.5	65.9
Transition quarter	0	34.1
1977	56.8	73.0
1978	56.8	78.7
1979	56.8	78.7
1980	54.8	78.7

a/Includes fiscal year 1973 impounded funds released in fiscal years 1974 and 1975.

From data obtained in a comprehensive 1980 survey 1/ of all known alcohol abuse and alcoholism treatment facilities, NIAAA estimated that its project grants and contracts provided about 5 percent and its other programs provided about 3 percent of the total funds spent on treatment during 1980.

During fiscal year 1980, NIAAA used its project grant and contract authority to support 487 grants and contracts categorized as follows:

1/September 1980; National Drug and Alcohol Treatment Utilization Survey.

Category	Number of projects	Amount (thousands)
Treatment services:		
Alcohol treatment center staffing grants	24	$ 5,343
Indian/Alaska Native	37	5,258
Public inebriate	16	4,386
Drinking driver	11	1,485
Grants to designated poverty areas	113	6,406
Cross-population (note a)	31	7,117
Demonstration	84	17,492
Services analysis (note b)	4	511
Subtotal	320	47,998
Other:		
Occupational programs	26	3,683
State Volunteer Resource Development program	28	1,388
Prevention grants	36	7,616
Unclassified grants and contracts (note c)	77	18,021
Total	487	$78,706

a/Cross-population projects serve a multicultural population or a total population within a given geographic area.

b/Services analysis grants and contracts are administered by NIAAA's Services Analysis Branch (see p. 11) and are intended to support scientifically controlled demonstration/evaluation projects.

c/Includes grants to States that have enacted legislation decriminalizing public intoxication, and all contracts funded under NIAAA's project grant and contract program.

NIAAA SHOULD MAKE GREATER USE OF ITS PROJECT GRANT AUTHORITY TO SUPPORT TREATMENT DEMONSTRATION/EVALUATION PROJECTS

NIAAA's strong emphasis on the support of direct delivery of alcohol treatment and rehabilitation services has resulted in little effort to support projects that demonstrate new and unique

ways to combat alcohol abuse and alcoholism and disseminate information on successful projects. Although NIAAA classifies about 26 percent of its treatment projects as demonstrations, these projects do not have the evaluation components or information dissemination methods generally associated with demonstration projects. Furthermore, NIAAA's funding policies suggest that the primary function of these projects is to deliver treatment and rehabilitation services. Moreover, over the last decade legislative mandates and departmental directives have prompted NIAAA to give special attention to at least 12 special population groups deemed to be underserved. This has resulted in increased competition for available funds.

Because of NIAAA's relatively small program expenditures compared to the magnitude of the alcohol abuse and alcoholism problem, it is unlikely to become a major service delivery organization. Should NIAAA refocus more of its efforts to identify and evaluate more effective treatment and rehabilitation methods and promote their use in the alcohol abuse and alcoholism treatment field, it would be in a better position to exert more effective influence on national issues concerning the alcohol abuse and alcoholism problem.

Evolution of HHS programs aimed at treating alcohol abuse and alcoholism

HHS' programs aimed at treating alcohol abuse and alcoholism have evolved from an effort to provide support essentially for the staffing of alcohol treatment facilities, to train alcoholism workers, and to demonstrate how effective services can be delivered into one primarily aimed at supporting the delivery of treatment services to alcohol abusers and alcoholics. Although support for treatment and rehabilitation projects is a valid use of NIAAA's authority, the extent that the Congress intended NIAAA to become involved in supporting alcohol treatment services has changed considerably over the past decade.

Substantial Federal involvement in the alcohol abuse and alcoholism treatment field began when the Community Mental Health Centers Act was amended in 1968 (Public Law 90-574) to authorize staffing grants for facilities engaged in providing treatment for alcohol abuse and alcoholism. Further amendments in 1970 (Public Law 91-211) provided direct grant authority for programs focusing on (1) training people to provide alcoholism treatment services and operate treatment delivery programs; (2) evaluating the adequacy of existing alcoholism programs to determine ways to improve, extend, and expand these programs; and (3) demonstrating new or relatively effective or efficient methods of delivering services.

In December 1970, NIAAA's authorizing legislation (Public Law 91-616) further amended the Community Mental Health Centers Act by revising the above-mentioned provisions to enable NIAAA to make grants and enter into contracts to

--conduct demonstration, service, and evaluation projects;

--provide education and training;

--provide programs and services in cooperation with schools, courts, penal institutions, and other public agencies; and

--provide counseling and education activities on an individual or community basis.

All of these activities were aimed at preventing and treating alcohol abuse and alcoholism and rehabilitating alcohol abusers and alcoholics.

NIAAA's treatment demonstration/evaluation responsibilities were discussed further in a Senate report supporting the 1974 amendments to NIAAA's authorizing legislation (Public Law 93-282). This report stated that:

> "* * * no single method is successful with every individual, and far too little is known about the sociological, psychological, and physiological factors which may cause the disease, and which treatment methods are most effective with particular target groups.
>
> "The contract and project grant funds are directed toward finding answers to these questions * * *"

This report also included the first reference to treatment programs for target populations by emphasizing the importance of programs for drinking drivers, Indians, and the impoverished.

A greater emphasis on the treatment responsibilities of NIAAA began with the 1976 amendments to NIAAA's authorizing legislation (Public Law 94-371). This legislation changed the language authorizing project grants and contracts to specify treatment and prevention services, with special emphasis on certain underserved populations, such as racial and ethnic minorities, native Americans, youths, females, and individuals in geographically underserved areas. Further evidence of a congressional concern about NIAAA's treatment responsibilities is in the Senate report on the 1976 amendments. This report stated that, because NIAAA-funded projects

had not been able to attract non-Federal funding sources to achieve self-sufficiency, NIAAA support should continue until self-sufficiency was assured. This assurance would come from adequate coverage of alcoholism programs by the State, local communities, and private or government health insurance carriers. It was recognized that the time required for such coverage to be realized could not be limited to any particular duration of funding and that continued Federal support would have to be determined on a case-by-case basis.

The 1979 amendments to NIAAA's authorizing legislation (Public Law 96-180) added the elderly, the handicapped, and victims of alcohol-related domestic violence to the list of target populations that should be given special consideration.

The extent that many of the special target population projects rely on NIAAA as a major funding source is illustrated in the following table.

Project Budgets By Funding Source
for NIAAA-funded Treatment Projects
Calendar Year 1979

Project category	Number of projects	Funding source				
		NIAAA	Other Federal (note a)	State/ local	Third-party	Other (note b)
		(percent of total)				
Alcohol treatment centers	37	26	6	25	33	10
Cross population	41	40	7	11	33	9
Indians/Alaskan natives	55	58	10	15	8	9
Poverty	155	51	7	27	8	7
Public inebriate	19	54	5	18	10	11
Drinking driver	17	41	4	27	10	18
Women	28	73	3	9	6	9
Youths	12	76	1	15	6	2
Aged	2	97	-	-	-	3
Criminal justice	8	53	12	23	9	3
Migrant workers	2	77	8	10	1	4
Spanish speaking	17	57	18	16	3	6
Black	17	80	5	8	3	4
Noncategorical	3	36	-	41	8	15

a/Includes NIAAA formula grant funds distributed by the States.

b/Includes client fees, private donations and funds from other government agencies.

A comparison of the data for the 37 alcoholism treatment centers (ATCs) included above with similar data for 41 ATCs funded during 1972 illustrates the substantial increases in third-party payments garnered by this type of treatment project over the 7-year period, as shown below:

	Percent of total treatment center budget	
	1972	1979
NIAAA	55	26
Other Federal	2	6
State and local	15	25
Third-party payments	11	33
Other (note a)	17	10
	100	100

a/Includes client fees, private donations, and funds from other government agencies.

The 1979 data for the majority of NIAAA-funded projects (other than ATCs) show, however, that they have not been as successful in obtaining third-party payments and remain substantially dependent on NIAAA for support.

Distinction between demonstration and services delivery projects

September 1978 Federal regulations describe the types of activities eligible for awards under NIAAA's project grant program, including demonstration projects and service delivery projects. Service delivery projects are described as those designed to provide prevention, treatment, or rehabilitation services for persons with alcohol abuse and alcoholism problems, with special emphasis on currently underserved populations and persons in geographic areas where such services are not otherwise adequately available. Demonstration projects are described as projects designed to demonstrate innovative approaches to solving the problems of alcohol abuse and alcoholism, such as

--new methods and programs for preventing and treating alcohol abuse and alcoholism and for rehabilitating alcohol abusers and alcoholics;

--the adaptation of existing services to meet the needs of specific population groups; or

--methods of initiating or improving delivery systems for alcohol abuse and alcoholism prevention and treatment and rehabilitation services at local, State, or regional levels.

NIAAA has further described these two types of project grants in separate program announcements and applicant guidelines. The announcement for the treatment and rehabilitation services grants states that their purpose is to assure the availability of high-quality treatment and rehabilitation services to alcohol abusers and alcoholics in cooperation with accessible and available community-based resources. This general program announcement replaced several announcements which had been used for individual project categories.

The program announcement for the demonstration/evaluation grants states that their purpose is to support:

--Exploratory studies to gather and analyze information or data regarding the feasibility and viability of innovative alcoholism treatment and rehabilitation projects and occupational alcoholism projects or project elements.

--Indepth evaluations of the efficiency and effectiveness of underevaluated or innovative alcoholism treatment and rehabilitation projects and occupational alcoholism projects or project elements.

NIAAA officials said the major difference between demonstration projects and service delivery projects is the rigid evaluation procedures associated with demonstrations. This view is supported by the detailed instructions provided in the demonstration/evaluation program guidelines regarding project methodology, data collection procedures, and data analysis techniques. In contrast, the treatment services project guidelines provide much less detailed instructions for developing project evaluation procedures.

Support for demonstration and evaluation projects

During fiscal year 1980, NIAAA classified 84 of its 320 treatment projects as treatment demonstrations. This represented about 26 percent of the treatment projects supported during that year. Generally, these projects were directed toward meeting the needs of specific target populations, as shown below.

Project type	Number	Amount (thousands)
Women	27	$ 4,497
Youths	8	1,286
Aging	2	510
Criminal justice	5	459
Migrant workers	3	323
Spanish speaking	14	2,180
Black	14	3,066
Domestic violence	1	112
Noncategorical (note a)	5	989
Other (note b)	5	4,070
Total	84	$17,492

a/Includes projects that do not fit into any of the established population groups.

b/Includes projects participating in NIAAA's effort to develop statewide service grants.

We visited six projects classified by NIAAA as demonstrations, and nine classified as treatment and rehabilitation services projects. We discerned little difference between the two types of projects in terms of treatment approach, program evaluation techniques, and reporting program results. Also, all 15 projects were proposed, reviewed, and approved according to criteria contained in NIAAA's general program announcement and guidelines for treatment and rehabilitation projects, or the previously used individual announcements. Therefore, NIAAA's designation of these six projects as demonstrations is apparently based solely on the projects' stated intention to address the treatment needs of a specific target population.

All 84 of the demonstration grants were administered by the Special Projects Branch (SPB) of NIAAA's Division of Special Treatment and Rehabilitation. SPB's stated functions include planning, developing, and supporting programs for the treatment and rehabilitation of special population groups with drinking problems. Supporting demonstration grants is not specifically included among SPB's stated responsibilities.

The Division of Special Treatment and Rehabilitation's Services Analysis Branch (SAB), however, is responsible for (1) designing and conducting studies that analyze a broad range

of issues which involve identifying, treating, and rehabilitating alcohol abusers and alcoholics and are aimed at improving service delivery at the community level and (2) planning and administering programs to develop models for improved identification, treatment, and rehabilitation services. According to NIAAA officials, SAB was established in 1978 to focus greater attention on demonstrating and evaluating alcohol abuse and alcoholism treatment and rehabilitation techniques.

An NIAAA official stated that only four grants have been approved and funded using the demonstration/evaluation project guidelines. All of these projects are administered by SAB. In addition, SAB and SPB are collaborating on five grants approved under the treatment and rehabilitation project guidelines. SAB supplemented the original or renewal grant applications with the necessary controls to provide a scientifically sound evaluation system for each project. NIAAA classified only one of these projects as a treatment demonstration.

In discussing the differences between projects administered by SPB and SAB, an NIAAA official stated that, unlike SAB projects, SPB's demonstration grants are not required to have a scientific evaluation system. The official stated that SPB's definition of a demonstration project is to establish a treatment project, show that it will work, and hope that others will replicate it. The official stated that information obtained from SPB projects is disseminated to the alcoholism treatment field primarily through NIAAA's project monitors.

Through monitoring visits and other contacts with the projects, the monitors obtain useful information and inform other projects and monitors. Many of the monitors also have responsibility for maintaining an expertise in alcoholism issues and treatment techniques for a specific type of client, such as women, youths, or Indians. According to the NIAAA official, carrying out these responsibilities gives the NIAAA monitors the opportunity to disseminate information at conferences and meetings.

NIAAA monitoring personnel stated that, ideally, all projects would be site visited at least annually. However, limited staff and travel funds have prevented achieving this goal. As an alternative, NIAAA has established a goal of visiting at least 40 percent of its projects annually.

We analyzed the monitoring history of 191 NIAAA-funded projects active during fiscal year 1980. Monitoring responsibilities for these projects were divided among five NIAAA staff members. About 42 percent of the projects were visited during

fiscal year 1980, ranging from 82 percent in the Mideastern States (Pennsylvania, Maryland, Virginia, West Virginia, Delaware, and Washington, D.C.), to 21 percent in the Midwestern States (Illinois, Iowa, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Missouri, Kansas, and Arkansas).

Our analysis of the 191 projects showed that:

--82 projects were visited during fiscal year 1980.

--44 projects were last visited in fiscal year 1979.

--34 projects were last visited in fiscal year 1978.

--21 projects were last visited in fiscal year 1977 or before.

--10 projects were new starts in fiscal year 1980 or 1979 and had not been visited at the time of our review.

Review, approval, and funding for project grant applications

Project grant applications submitted to NIAAA are subjected to a dual review and approval system designed to assess the scientific and technical merit of each application. An initial review is conducted by a committee of alcoholism experts. Review criteria are based on NIAAA's program announcements and applicant guidelines for each type of program. The review committee makes a recommendation for approval, disapproval, or deferral and assigns a priority score to each approved application. A second review is made by the National Advisory Council on Alcohol Abuse and Alcoholism, which makes a final decision on approval or disapproval.

NIAAA's management staff is responsible for determining which of the approved grant applications will be funded. According to Institute officials, NIAAA's funding policies provide that all approved active projects receive first preference for funds regardless of the priority scores assigned. This policy allows projects to be supported indefinitely as long as they continue, in the opinion of NIAAA monitors and reviewers, to meet the requirements of the grants. Before September 1980, renewal requests were to be submitted for approval by the review committee every 3 years. In September 1980, NIAAA changed this requirement to every 5 years except for projects addressing the treatment needs of Indians.

Approved applications for new projects compete for the remaining funds on the basis of their assigned priority scores and the specific target population group to be addressed by the applicant. Funding preference is given to certain target groups, such as women, youths, and Indians. Within each preferred group, applications are funded in priority score order.

In fiscal year 1979, this process resulted in NIAAA's Division of Special Treatment and Rehabilitation funding 16 new projects costing about $2.8 million. Of these, 10 were categorized as demonstrations, including 2 projects administered by SAB. In fiscal year 1980, 24 new projects costing about $3.4 million were funded. Twelve of these projects were categorized as demonstrations, and all of them were administered by SPB. Of the 22 projects categorized as demonstrations in fiscal years 1979 and 1980, only 2 were reviewed and approved using the criteria contained in NIAAA's program announcement for demonstration and evaluation projects.

Impact of S. 755
on NIAAA activities

S. 755, reauthorizing NIAAA through September 30, 1982, would provide a Federal response to alcohol abuse and alcoholism that concentrates on issues that are national in scope, reserves to the States as much authority and flexibility as practicable, and encourages greater participation by the private sector. NIAAA would continue as the focal point for this Federal response but would be limited to addressing national issues, such as identifying and demonstrating new methods to combat alcohol abuse and alcoholism, providing technical assistance to the States, and supporting research programs in the alcohol abuse and alcoholism field.

The bill would require that NIAAA limit its project grant and contract program to identifying and demonstrating new and more effective alcohol abuse and alcoholism prevention, treatment, and rehabilitation projects, and projects designed to develop methods for effective coordination of all alcoholism treatment, training, prevention, and research resources available within a health service area. This limitation essentially removes NIAAA's authority to support projects primarily aimed at treating and rehabilitating alcohol abusers and alcoholics. As shown on page 8, NIAAA is the major funding source for many projects providing such treatment and rehabilitation services. The effect that the loss of NIAAA support would have on these projects is not known. However, it appears that many of these projects would face substantial changes in their programs.

COMMENTS OF NIAAA PROGRAM OFFICIALS

An NIAAA official, commenting on the potential impact that S. 755 would have on NIAAA-funded treatment projects, told us that NIAAA fully expects the great majority of its projects to survive in one form or another. NIAAA believes that its projects would be competitive within the States under a block grant program but would need to reduce their level of effort because there would be less funds available. The NIAAA official stated that, where State priorities differ from Federal priorities, some projects may have to change their primary emphasis on a specific target population. Another possible change envisioned by NIAAA is the potential for treatment projects to seek clients having health insurance coverage for alcohol abuse and alcoholism services rather than the poor and unemployed alcohol abusers and alcoholics.

A number of NIAAA officials told us in July 1981 that, from 1971 to 1981, NIAAA has followed a policy of establishing alcoholism treatment services for minority and other underserved populations. Through a vigorous progression of technical assistance activities, it has (1) increased services to the underserved through directly funded alcoholism treatment programs and (2) increased the Nation's capacity to pay for services with other than Federal dollars.

These officials generally agreed with the facts presented in this report. They also expressed the view that NIAAA has made major contributions to the fight against alcoholism. They pointed out that, over the decade, the Institute has entered into the following major contracts to benefit the quality and financing of alcoholism treatment services:

--John T. Gorby Associates: to develop manuals in the areas of planning, administration, and financial self-support.

--Littlejohn Company & Kearney Associates: to do preliminary work in the area of alcoholism counselor credentialing.

--Joint Commission on Accreditation of Hospitals: to develop alcoholism treatment standards.

--Blue Cross Association: to develop a model benefit package and demonstrate its implementation.

--A. L. Nellums & Associates: to develop a model treatment program standards and management review system.

--Science Management Corporation: to report on the extent of State-mandated health insurance laws for alcoholism treatment.

--Group Health Association of America: to test the feasibility of including alcoholism treatment services within a health maintenance organization.

--H-2 Incorporated: to report the experience resulting from coverage of alcoholism services for 300,000 California State employees and their families.

One major ongoing technical assistance activity has been the development and distribution of a variety of alcoholism treatment services training materials by the NIAAA-funded National Center for Alcohol Education. Another major ongoing activity has been the dissemination by NIAAA's National Clearinghouse for Alcohol Information of technical assistance materials aimed at improving services and third-party reimbursements. In addition, NIAAA has prepared monographs and pamphlets to aid the alcoholic treatment field in such areas as emergency medical care for alcoholics.

We trust that the information presented in this report will be of assistance to the Congress in considering S. 755.

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Copies of this report are being provided to Senator Donald W. Reigle, Ranking Minority Member of the Subcommittee on Alcohol and Drug Abuse, Senate Committee on Labor and Human Resources, and Congressmen Henry A. Waxman and Edward R. Madigan, Chairman and Ranking Minority Member, respectively, of the Subcommittee on Health and the Environment, House Committee on Interstate and Foreign Commerce.

Sincerely yours,

Gregory J. Ahart
Director